The New Joint Commission Survey Process

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NHEC Workshop

23 March 2004

Virginia Beach

Objectives

- Provide the rationale behind Shared Visions – New Pathways
- Provide an overview of key components of the accreditation process:
  - Electronic application
  - Periodic Performance Review (PPR)
  - Priority Focus Process (PFP)

Why change at this time…

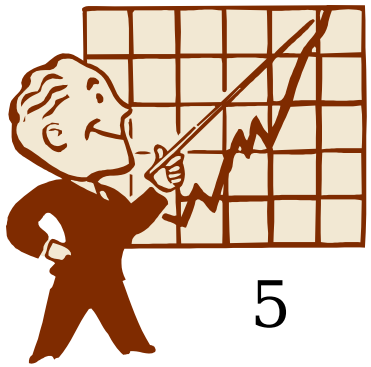
- JCAHO's own continuum of process improvement
- Supports the mission of JCAHO to continuously improve the safety and quality of care provided to the public

Goals: Most Importantly…

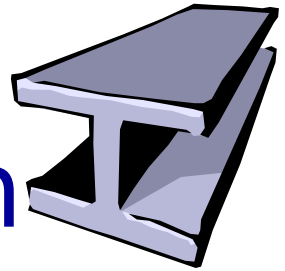
- Shift the paradigm from survey prep to systems improvement
  - Focus away from the “exam” and “score”
  - Focus toward using the standards to achieve and maintain excellent operational systems

And…

- Enhance relevance of standards and accreditation process
- Focus on safety and quality of care
- Maintain rigorous but fair evaluation
- Enhance surveyor skill and consistency
- Maximize educational benefit
- Control or lower health care organization (HCO) costs
- Improve customer service



Standards – the Foundation



- All standards extensively reviewed and modified
- An external task force assisted JCAHO
- Standards were rewritten and formatted to provide
  - a paradigm that organizations can use to provide safe, high quality healthcare
  - appropriate evaluation criteria – disclosure of elements of performance

Improved 2004 Standards

- Standards are more precise and concise statements of performance expectations
- A rationale offers additional text describing the standard's purpose and background
- Elements of performance (EPs) are statements of objective performance expectations scored via simple, objective criteria.
- Scoring is based on an aggregation of compliance with all EPs

Example of a Provision of Care Standard

- **Standard PC.5.60**
  - The organization coordinates the care, treatment and services provided to a patient as part of the plan for care, treatment and services and consistent with the organization's scope of care, treatment and services

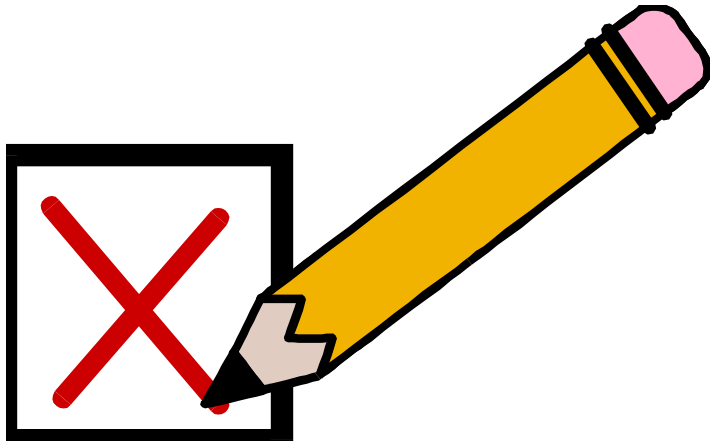
Example of a Provision of Care Standard Rationale

- **Rationale for PC.5.60**
  - Throughout the provision of care, treatment and services, patients should be matched with appropriate internal and external resources to meet their ongoing needs in a timely manner. Care, treatment and services should be coordinated between providers and between settings, independent of whether they are provided directly or through written agreement.

Elements of Performance for PC.5.60

1. The organization coordinates the care, treatment and services provided through internal resources to an individual.
2. When external resources are needed, the organization participates in coordinating care, treatment and services with these resources.
3. The organization has a process to receive or share relevant patient information to facilitate appropriate coordination and continuity when patients are referred to other care, treatment or service providers.
4. There is a process to resolve duplication or conflict with either internal or external resources.
5. Care, treatment and services are provided in a time frame that meets the patient's needs.

Application for Accreditation



Extranet Application for Accreditation

- The Joint Commission's first venture into the e-business environment
  - Available on a secure, password-protected web space
  - Improves the quality and consistency of data
  - Allows for efficiency in analysis of information provided by the HCO

Benefits of the Improved Application for Accreditation

- Key areas will be pre-populated in the future
- HCO cannot submit unless all required fields are complete
- Account Rep can view on line to assist HCO with timely, accurate submission
- Surveyor can view via laptop technology
- Information contributes to the Priority Focus Process

Periodic Performance Review

Periodic Performance Review

- Facilitates a more continuous accreditation process by incorporating an additional mid-cycle evaluation
- Provides for educational opportunities

Periodic Performance Review

- Is an accreditation participation requirement
- Will be completed between the 15th and 18th month point in the accreditation cycle
- Findings with an approved Plan of Action not subject to citation during a Random Unannounced Survey during approved timeframes
- A surveyor on-site cannot overrule an approved Plan of Action
- Process includes three options as well as full PPR

Full Periodic Performance Review

- Will include HCO self-assessment of all applicable standards, and development of plans of action and measures of success (MOS) for any standard evaluated as noncompliant
- Will include submission of PPR data to JCAHO
- Will involve telephone interaction between the HCO and the Joint Commission for review and approval of plans of action

Key Characteristics of the Full PPR

- Areas of non-compliance self-assessed by HCO and scored using the JCAHO extranet tool
- Findings submitted electronically to the Joint Commission using the extranet
- JCAHO staff review Plans of Action and MOS and conduct interactive phone call with HCO

The Plan of Action

- When the option selected requires a plan of action, for each standard evaluated as “not compliant” the HCO will
  - Describe the planned action for each EP marked as partial or not compliant
  - Develop a measure of success

Measure of Success Defined as...

A numerical or other quantitative measure usually related to an audit that validates that an action was effective and sustained

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Periodic Performance Review for ABC Hospital

Home | User Manual | jcaho.org | Exit

If you are a returning Reviewer, please select your name from the list, otherwise, complete required fields(*) below and click Continue button.

<Select Reviewer>

Salutation* 6 characters maximum

First Name*

Last Name*

User Type

Organization Reviewer

Title* 8 characters maximum

Email Address

Continue

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Periodic Performance Review for ABC Hospital

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- Organization Data
  - Elements of Performance
  - Corrective Action
  - Organization Notes
- References
- Reports by Chapter
- Messages

Hospital | Leadership

LD.1.10
LD.1.20
LD.1.30
LD.2.10
LD.2.20
LD.2.50
LD.3.10
LD.3.20
LD.3.30
LD.3.40
LD.3.50
LD.3.60
LD.3.70
LD.3.90
LD.3.100
LD.3.110
LD.3.120
LD.4.10
LD.4.20
LD.4.30

LD.1.10: The organization identifies how it is governed.

Elements of Performance Description	Score
All Elements of Performance are scored the following:	[Select an option] (All Compliant, All N/A)
(1) The organization identifies how it is governed.	
(2) The organization identifies lines of authority for key planning, management, and operations activities.	
(3) The organization identifies those responsible for governance.	Unscored
(4) The governance provides for appropriate medical staff participation in governance.	Unscored
(5) The medical staff has the right to representation (through attendance and voice), by one or more medical staff members selected by the medical staff, at governing body meetings.	Unscored
(6) Medical staff members are eligible for full membership in the hospital's governance, unless legally prohibited.	Unscored

Save

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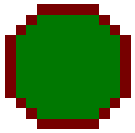
Standards Will Be Shown As:



Compliant

Not Compliant

Not Applicable

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- Organization Data
  - Elements of Performance
  - Corrective Action
  - Organization Notes
- References
- Reports by Chapter
- Messages

Hospital | Patient Rights and Organizational Ethics

RI.1.10
RI.1.20
RI.1.30
RI.1.40
RI.2.10
RI.2.30
RI.2.40
RI.2.50
RI.2.60
RI.2.70
RI.2.90
RI.2.100
RI.2.120
RI.2.130
RI.2.140
RI.2.150
RI.2.160
RI.2.170
RI.2.180
RI.2.190

RI.1.10: **The organization follows ethical behavior in its care, treatment, and services and business practices.**

Person Responsible: **Due Date:**

Area of Non-Compliance

Organization Corrective Action

Save

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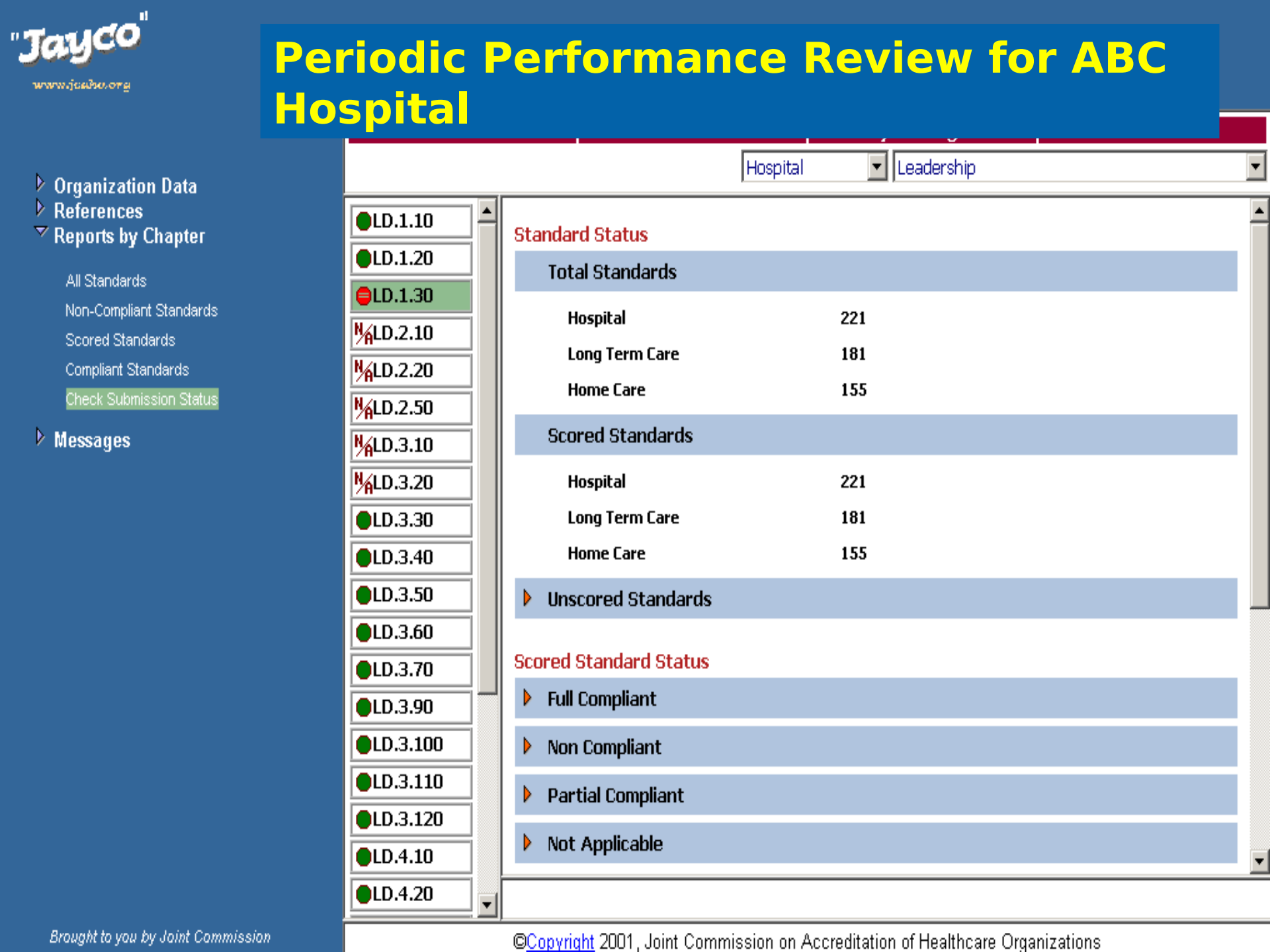
Periodic Performance Review for ABC Hospital



Periodic Performance Review for ABC Hospital

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- Organization Data
  - Elements of Performance
  - Corrective Action
  - Organization Notes
  - JCAHO Comments
- References
- Reports by Chapter
  - All Standards
  - Non-Compliant Standards
  - Scored Standards
  - Compliant Standards
  - Check Submission Status
- Messages

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Hospital | Patient Rights and Organizational Ethics

RI.1.10
RI.1.20
RI.1.30
N/A RI.1.40
RI.2.10
N/A RI.2.30
RI.2.40
N/A RI.2.50
RI.2.60
RI.2.70
RI.2.90
N/A RI.2.100
RI.2.120
N/A RI.2.130
N/A RI.2.140
N/A RI.2.150
RI.2.160
RI.2.170
RI.2.180

Full Compliant

Non Compliant

Hospital 6

Standard	Corrective Action	Problem Description	Person Responsible	Due Date	Organization Notes	JCAHO Comments
RI.1.30	✓	✓	Bob Pic	2/27/2003	✓	✓
RI.2.10	✓	✓	Bob Pic	3/13/2003	✓	✓
PI.1.10	✓	✓	Bill Kalal	2/26/2003	✓	✓
LD.1.30	✓	✓	Natalia Soupe	4/25/2003	✓	✓
EC.3.10	✓	✓	bob	1/31/2003		✓
PC.9.50	✓	✓	Bob Pic	2/20/2003		✓

Long Term Care 4

Standard	Corrective Action	Problem Description	Person Responsible	Due Date	Organization Notes	JCAHO Comments
IC.1.40	✓	✓	Bob pic	4/24/2003		✓
APR 9	✓	✓	mom	4/17/2003		✓
PC.4.20	✓	✓	Marry Bee	3/19/2003		✓
PC.16.50	✓	✓	Bob Pic	4/24/2003		✓

Home Care 3

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Priority Focus Process

Overview of the Priority Focus Process

- PFP provides the process and infrastructure for the purpose of:
  - Converting pre-onsite survey data into information
  - Focusing on-site survey activities
  - Increasing consistency in the accreditation process
  - Customizing the accreditation process

Changing Data Into Information

- PFP uses automation to gather pre-survey data from multiple sources
  - Joint Commission data (QMS, ORYX Core Measure)
  - Data supplied by the HCO (Application for Accreditation)
  - Publicly available data (MedPar, MDS, OASIS, Proficiency Testing)
- PFP then applies “rules” to identify
  - Areas of focus and clinical/service groups
  - Relevant standards
  - Appropriate on-site survey activities

PFP Content Development

- In order to develop the PFP, research was conducted and focus groups were held to identify data that are associated with priority issues – we call these **priority focus areas**
- Categories were developed for sorting services – we call these **clinical/service groups**
- A process was identified to obtain these data from multiple sources, and to use automation to sort the data
- These data will be used in the PFP

PFP Information

- Includes the top 4-5 priority focus areas specific to the organization
- Includes the clinical/service groups most relevant to the organization
- Organizations will have access to their PFP information (on the Extranet) at the 15-month point with Periodic Performance Review and 1-2 weeks prior to survey

Priority Focus Areas include:

- Assessment and Care/Service
- Communication
- Credentialed Practitioners
- Equipment use
- Infection control
- Information Management
- Medication Management
- Organization Structure
- Orientation and Training
- Rights and Ethics
- Physical Environment
- Quality Improvement Expertise and Activity
- Patient Safety
- Staffing

PFP Outputs – Clinical/Service Groups

- PFP will display an organization's priority Clinical/Service Groups (CSGs)
- Clinical/Service Groups are categories of patients/residents/clients or services of a health care organization for which data are collected
- Surveyors will use the priority CSGs to:
  - Identify clinical/service groups for focus
  - Use organization's active patient list and identified clinical/service groups to select tracer patients

Example: Priority Focus Areas

Priority Focus Areas

Your organization's prioritized Critical Focus Areas (and definitions for those areas) are:

Care and Assessment/Service

The execution of a series of processes including: assessment; planning care, treatment, and/or services; the actual provision of care; ongoing reassessment of care; and discharge planning, referral for continuing care, or discontinuation of services.

Communication

The process by which information is exchanged between individuals or organizations. The constituent components of communication vary widely, but the most commonly associated elements in a health care setting include, but are not limited to: patient and family education, provider and/or staff-patient communication, staff communication and collaboration, information dissemination and multidisciplinary teamwork.

Staffing

Providing the optimal number of competent personnel with the appropriate skill mix to meet the needs of a health care organization's patients. It includes employees who are the direct and indirect caregivers and involves defining competencies and expectations, assessing those defined competencies and allocating human resources properly.

Patient Safety

Limiting the risk an intervention (e.g., use of a drug or a procedure) and the care environment have for a patient and other persons, including health care

Example: Priority Clinical/Service Groups

Clinical/Service Groups

Your organization's prioritized Clinical Service Groups (and types of patients included in these groups) are:

Vascular Surgery

Amputation for circulatory system, Other vascular procedures, Upper limb & toe amputation for circulatory system, Vein ligation & stripping

Thoracic Surgery

Major chest procedures, Resp system OR procedures, Major chest trauma, Lung transplant

Obstetrics

C-section or Normal vaginal delivery, Postpartum & post abortion diagnosis, Ectopic pregnancy, Threatened abortion, Abortion w or w/o D&C, False labor, Other antepartum diagnoses

General Surgery

Appendectomy, Hernia repairs, Rectal resection, Peritoneal adhesiolysis, Small & large bowel procedures, Stomach/esophageal /duodenal procedures, Pancreas, liver & shunt procedures, Biliary tract procedures, Cholecystectomy (non-laparoscopic), Mastectomy, Skin graft/debridement, Wound debridements for injuries, Amputation of lower limb, Adrenal & pituitary procedures, Thyroid, parathyroid procedures, Other endocrine

PFP and On-site Survey Activities

- Information from the Priority Focus Areas and Clinical/Service Groups will be used to help guide on-site survey activities such as:
  - Leadership Conference
  - Systems Tracer: Data Use
  - Systems Tracer: Infection Control
  - Systems Tracer: Medication Management
  - Patient/client/resident tracers
  - Environment of care review
  - Competency assessment

Goals of the New On-site Survey Process

- Incorporate the use of the tracer methodology to focus on direct care
- Allow more time for education on high-priority issues
- Better engage physicians and other direct care providers
- Provide an organization systems analysis

Elements of the New Agenda

- Opening and closing conferences
- Leadership conference
- PFP-guided visits to patient care areas using the tracer methodology
- In-depth evaluation and education regarding high priority safety and quality of care issues – systems tracers
- Environment of Care review and conference

Current Survey Process	2004 Survey Process
Opening conference	Opening conference
Document review session	*No formal document review session*
Leadership interview	Leadership *conference(s)*
Human Resources/Credentials Review	*Competency assessment process and credentialing*
	Surveyor planning session
Prescheduled Visits to patient care settings	*Visits to patient care settings and functional areas, guided by randomly chosen open records (tracer methodology)*
Building tour	*EOC review guided by PFP and integrated for some aspects with tracers*
Environment of care interview	Environment of care *conference*
Functional interviews	*Systems tracer sessions on topics that are a high priority*

Tracer Methodology- a Systems Approach to Evaluation

- The approach, known as the tracer methodology, traces a number of patients through the organization's entire health care process
- As cases are examined, the surveyor may identify performance issues in one or more steps of the process – or in the interfaces between processes

Tracer Methodology

- Process surveyors use during on-site survey
- Initially, uses identified Priority Focus Areas and Clinical / Service Groups

Objectives of Tracer Activity

- Follow course of care and services provided to the patient/client/resident
- Assess relationships among disciplines and important functions
- Evaluate performance of processes relevant to the individual

Tracer Selection Criteria

- Identified Clinical / Service Groups from PFP
- Patient/Client/Resident who received complex services (often those close to discharge)
- Patient/Client/Resident who cross different programs (such as hospital and long term care)
- Patient/Client/Resident who relate to systems tracers
  - Infection Control
  - Medication Management

Tracer Visits Include

- Evaluation of top 4-5 priority focus areas identified in PFP
- Observation of care areas and environment of care issues
- Review of medical record with staff

Tracer Visits May Include

- Observation of direct care
- Observation of medication process (as applicable)
- Observation of care planning process
- Individual or family interview
- Review of additional medical records as needed
- Staff level interaction
  - Performance measurement
  - Daily roles and responsibilities
  - Training and orientation
- Review of policies and procedures as needed

Surveyor Activity May Include

- Review of closed records
- Areas not included in tracer, for example ambulatory sites in a hospital tracer
- Building tour (areas not visited during tracer) if applicable
  - Examples
    - Kitchen
    - Pharmacy

Example of Hospital Tracer

- Pediatrics is one of top CSGs
- Medication Management is one of top PFAs
- Surveyor will select a pediatric patient from active patient list, follow care provided to that patient and focus on medication management, for example,
  - Dispensing,administering, monitoring
  - Training of staff responsible for processes

SCORING AND DECISION PROCESS

Scoring and Decision Process – Executive Summary…

- EP Scoring will be on a three-point scale
- Type I and supplemental recommendations will be replaced with “requirements for improvement” and supplemental findings
- The surveyor will leave a final report on site
- Final decision comes after acceptance of the evidence of standards compliance (ESC)

The Final Accreditation Decision

- Will be made after JCAHO receives and approves the HCO's evidence of standards compliance (ESC) and identified measure of success
- If an acceptable ESC is received, then the HCO will receive an "Accredited" decision

Accreditation Decisions

Current	Future
• Accredited	• Accredited
• Accredited with Type I recommendations	• Provisional Accreditation (only if ESC fails)
• Conditional Accreditation	• Conditional Accreditation
• Preliminary Denial of Accreditation	• Preliminary Denial of Accreditation
• Denial Of Accreditation	• Denial Of Accreditation
• Provisional accreditation (early survey option)	• Preliminary accreditation (early survey option)

Post-survey Sequence

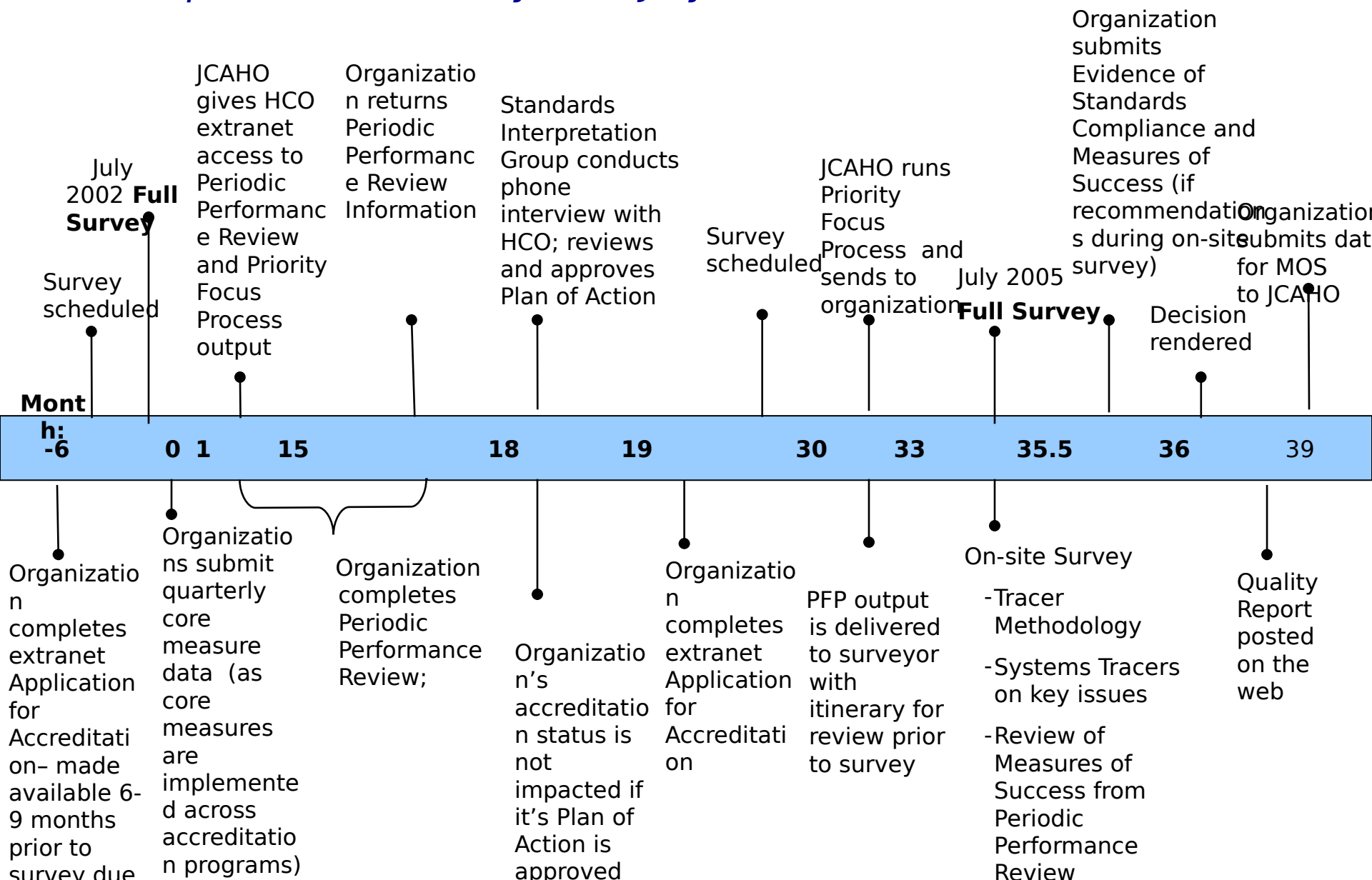
Current

- Preliminary left on site
- Final mailed within 35 days
- Revision process
- Written progress reports (1, 4 & 6 month)
- 2nd generation failures (can result in CON)

Future

- Final Report of findings left on site
- Report on extranet within 48 hours
- No revisions
- ESC in 90 days during the first 18 months
- Four months after an approved ESC, HCO submits a Measure of Success (MOS)

Shared Visions—New Pathways: Triennial Accreditation Cycle
Example of HCO Surveyed in July 2002


July 2002 Full Survey
Survey scheduled
JCAHO gives HCO extranet access to Periodic Performance Review and Priority Focus Process output
Organization returns Periodic Performance Review Information
Standards Interpretation Group conducts phone interview with HCO; reviews and approves Plan of Action
Survey scheduled
JCAHO runs Priority Focus Process and sends to organization
July 2005 Full Survey
Organization submits Evidence of Standards Compliance and Measures of Success (if recommendations during on-site survey)
Decision rendered
Organization submits data for MOS to JCAHO
Month:
-6
0
1
15
18
19
30
33
35.5
36
39
Organization completes extranet Application for Accreditation– made available 6-9 months prior to survey due
Organizations submit quarterly core measure data (as core measures are implemented across accreditation programs)
Organization completes Periodic Performance Review;
Organization's accreditation status is not impacted if it's Plan of Action is approved
Organization completes extranet Application for Accreditation
PFP output is delivered to surveyor with itinerary for review prior to survey
On-site Survey
-Tracer Methodology
-Systems Tracers on key issues
-Review of Measures of Success from Periodic Performance Review
Quality Report posted on the web

Questions?